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LANGPORT RURAL DISTRICT COUNCIL

ANNUAL REPORT

of

THE MEDICAL OFFICER OF HEALTH

For the Year Ended 31st December, 1960.



Health Department,  
16, Church Street,  
CREWKERNE,  
Somerset.

Telephone: CREWKERNE 419

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PUBLIC HEALTH OFFICERS

Medical Officer of Health.

A. M. McCall

V.R.D., M.R.C.S., L.R.C.P., D.P.H.

Clerk to Medical Officer

Miss Y. Michael, B.A.

Public Health Inspectors

H. F. Binder, M.R.S.H., M.A.P.H.I.

R. H. Badge, M.A.P.H.I.

G. Pell-Walpole, M.A.P.H.I.

Health Visitors

Mrs. O.J.M. Pitt, S.R.N., S.C.M., H.V.

Miss R. Sullivan, S.R.N., S.C.M., H.V.

Public Health Committee

Committee to 24.5.60.

J. Russell Thorlby (Chairman)  
C. E. Ball  
G. A. Burcham  
Col. J. C. Cotton  
Mrs. E.M. Dixon  
W. H. Furze  
C. T. Hill  
Rev. W.E.L. Houlden  
P. H. Lock  
G. MacTaggart (Vice-Chairman)  
A. O. Mounter  
Cmdr. E. Neville  
A. Norris  
Mrs. D. A. Pegg  
Mrs. A. M. Ubsdell

Committee from 24.5.60.

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C. E. Ball  
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W. H. Furze  
C. T. Hill  
Rev. W.E.L. Houlden  
Capt. R.J. Jennings.  
P. H. Lock  
G. MacTaggart (Vice-Chairman)  
A. O. Mounter  
Cmdr. E. Neville  
A. Norris  
Mrs. D. A. Pegg  
F. W. S. Spearing  
Mrs. A. M. Ubsdell



To the Chairman and Councillors of the Langport Rural District  
Council.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my report for the year 1960.

It was a generally healthy year in the Rural District. The most serious threat came from persistent and heavy rains. I have referred to the excellent work of Mr. Binder in dealing with the flooding in Langport in October.

In Section B the services reported on are provided by the local health authority, the County Council. They are considerable and increase in scope every year.

In Section D, I report on the environmental services which are our particular concern. Although the Council are at present spending a considerable sum on the Langport sewerage scheme, it will be seen from my report that there is a great deal more work to be done in providing satisfactory sewerage systems in the Rural District.

I wish to thank the Council for the courtesy they have shown me during the year and the officers for the help they have given me in my work.

I am,

Mr. Chairman and Councillors,

Your Obedient Servant,

A. M. McCALL.

Medical Officer of Health.





## SECTION A.

### Statistics and Social Conditions of the Area.

#### Population.

The Registrar General gives the estimated mid-year population for 1960 as 12,950, slightly more than last year. The population density is 123 per acre.

#### Birth Rate.

The Corrected Birth Rate for the year was 17.7 per thousand, slightly above the national figure of 17.1. There were 9 illegitimate births.

#### Death Rate.

The Corrected Death Rate was 10.5 per thousand, which is below the national figure of 11.5. Out of a total of 161 deaths, heart disease caused 47 and vascular lesions of the nervous system and other circulatory diseases caused 37, a total of over half of all deaths. Cancer was responsible for 33 deaths, including 10 from lung cancer, 8 of these were males. I have reported previously on the association of heavy cigarette smoking and lung cancer and this might be a case of "cancer by the carton". Other lung conditions caused 18 deaths, two of these from tuberculosis. Full details are shown in Appendix A, Table 3.

#### Maternal Mortality.

There were no maternal deaths in 1960.

#### Stillbirths.

This figure refers to children born after the twenty-eighth week of pregnancy which do not breathe or show other signs of life. There were five cases.

#### Infant Mortality.

Four infants died in 1960 within the first week of life. One was premature, two were due to congenital abnormalities and another to an injury at birth.

#### Social Services.

The social services provided by the local health authority were unchanged in 1960.

## SECTION B.

### General Provision of Health Services in the Area.

No new services were provided by the local health authority in 1960 but the scope of the existing services is always increasing.

#### Care of Mothers and Young Children.

##### Antenatal Care.

No antenatal clinics are held in the district but the general practitioners and the district nurses examine the patients separately. The district nurses visit all patients they have booked, monthly until the twenty-eighth week and then every two weeks until the thirty-sixth week and weekly after that. Some private general practitioners do routine blood sampling on all their own patients in the first pregnancy, other doctors send them to Musgrove Park Hospital, or they are sent by the district nurse. Owing to the lack of clinic facilities in the Rural District it is not possible to organise mothercraft and relaxation classes.

##### Domiciliary Midwifery.



Domiciliary Midwifery.

The district nurses are present at all home confinements. Private practitioners rarely attend home confinements unless the nurses request medical aid. Apart from the actual delivery of the baby, the nurses spend a great deal of time instructing the mothers how best to prepare for the coming event. They also inform the young mother about all available services and grants.

Hospital Confinement.

Cases needing hospital confinement are usually admitted to the maternity unit at Taunton. However, some go to Yeovil, Wellington or Butleigh. Accommodation is limited in Yeovil and Taunton, so early application is essential to secure a bed in either of these units.

Infant Welfare Clinics.Curry Rivel.

This clinic is held once a month and I attend all sessions. In recent years there has been a gradual change in the nature of child welfare clinics. The National Health Act makes the family doctor available for free consultation. The increasing effect of health education and the general higher standard of education of the population produce a more enlightened young mother and her problems are fewer. She therefore tends to use the clinic more for preventative procedures such as vaccination and immunisation and less for consultation. However, during her frequent visits to the clinic she often seeks and receives advice while the child is being inoculated. Attendances at the clinic for injections brings in the mother who might never have used the clinic at all and, having discovered the facilities available, she frequently continues to attend. The Curry Rivel clinic goes from strength to strength each year. In 1950 the average afternoon attendance was under ten and now is between thirty and forty. Mothers frequently push their babies to Curry Rivel from Langport, Drayton and Hambridge. The clinic is held in a village hall which offers facilities better than some similar buildings but does not compare with a modern building specially designed for clinic purposes.

Kingsdon

The district nurse holds weighing sessions at her house but no official clinic is held in this part of the district.

Compton Dundon.

Transport is provided for mothers living in this village to attend the infant welfare clinic at Street twice per month.

Aller.

The nurse in this village holds baby weighing sessions at her house once a month.

Health Visiting.

Mrs. Pitt is health visitor and tuberculosis health visitor for the western parishes. She attends all school medical inspections and does the home visiting and follow-up work in connection with them. In addition she is present at the hospital outpatients department when the Chest Physician attends. Miss Sullivan holds a similar appointment in the eastern end of the district.

Home Nursing.

The various district nurses do the home nursing throughout the area. The actual nurses' duties may be general or specialised and include bed bathing, injections, dressings, enemas, catheterizations, etc. They advise relatives as to the nature of the illness and give advice on diet and the medicine ordered by the doctor. All this work was carried out with unfailing good humour and kindness.

Immunisation/



### Immunisation.

The demand for vaccination against poliomyelitis continued throughout the year. English vaccine was available all the time. Private practitioners did a good deal of this work and I visited all the village schools and took the opportunity of offering vaccination to mothers and pre-school children while there. In addition, the anti-diphtheria immunisation campaign was not neglected and a total of 177 primary courses were given and 269 reinforcing injections. These latter were all schoolchildren and were done at the conclusion of the school medical inspections.

### Vaccination.

One hundred and forty-two primary and two re-vaccinations were carried out in 1960. When it is remembered that a total of 211 live births occurred during the same period, the acceptance rate cannot be considered entirely satisfactory.

### Home Help Service.

The home help service was again available in the area and, although the County Council have increased expenditure on this service, it is limited by the availability of suitable women to do the work. They naturally have to be carefully selected as the service is jealous of its reputation for hard, efficient work, together with kindness and consideration for those whose temporary difficulties they are helping to overcome. The area organisers in Taunton and Yeovil dealt with all applications.

### School Medical Service.

I visited all the schools in the western end of the Rural District and carried out a full inspection and caught up with the arrears of 1959. Details are shown in Appendix B, Table 2.

The success of the School Health Service and the school medical inspection in particular, depends on the co-operation of the head teacher and staff of each school with the area medical officer. Without the interest of the teachers and their help with records and background information, much would be lost. I am most fortunate in the Langport Rural District and am received with unfailing courtesy in the schools. This makes a sometimes tiring routine job far less difficult. I am grateful to the Head Teachers and staff for the assistance they give me in this aspect of my work.

### School Dental Service.

The permitted establishment of dental surgeons in the County is still below strength and regular dental inspections in the rural schools is not possible at present.

### Orthopaedic Service.

Specialist clinics are held in Taunton and Yeovil hospitals for children referred by private practitioners, or as a result of school medical inspections. Operative treatment is frequently carried out at the Bath Orthopaedic Hospital. The school medical officer is always given a copy of the specialists report so that any special instructions can be given to the school staff. These children are seen at every medical inspection while receiving outpatient treatment.

### Ophthalmic Services.

I carry out routine eye testing in the schools during the annual medical inspection. This includes simple refraction and inspection of glasses and checking to see that the County Oculist's instructions are being carried out. Children are referred to opticians or the County Oculist, as necessary.

### Epileptics.

This distressing illness among schoolchildren calls for special consideration and careful handling. All are first seen by a specialist and treatment is prescribed. This is usually so effective as/



as to allow the children to continue to attend the ordinary school. These children are seen at every school medical inspection and more frequently by the specialist either at Taunton or Yeovil. In some cases the attacks are such as to render normal schooling impractical and frequently a home tutor is provided at County expense. In a few cases the County Council arrange for the child to be admitted to Chalfont Colony.

#### Spastics.

Drugs are of little value except in controlling fits, but in the absence of gross mental deficiency much may often be accomplished by assiduous training. The services offered in the area follow these lines. In infancy, physiotherapy to prevent contractures and later active movements are encouraged. Surgical intervention is used in those cases when the child's intelligence will enable him to benefit from such treatment. The educational side is not forgotten. If possible the child attends the ordinary school; in other cases home tuition or attendance at a special school is arranged.

#### Blind Persons.

The Somerset Association for the Blind carry out the general work on behalf of and with a grant from the County Council. This arrangement works very well in practice. There are fifty-four registered blind persons resident in the area. Prior to the admission to the Register, a blind person is examined by a medical practitioner with special experience in ophthalmology. Little delay is experienced in having persons known to be blind admitted to the Register.

#### Ambulance Service.

The County Council provide this service and in 1960 the Langport Rural District was satisfactorily covered. A modern fleet of ambulances are maintained and all are in radio communication with the area comptroller.

#### Mental Health Services.

These services are administered by the County Council through their Mental Health Sub-Committee. During the year the service enlarged its scope and the new proposals were accepted by the Ministry.

#### National Assistance Act.

No action, statutory or otherwise, was necessary in dealing with old people in 1960.

#### Health Education.

The Council support the Central Council for Health Education and make use of their excellent posters and leaflets.

Various organisations make requests for the nurses or myself to speak to them on various aspects of preventative medicine. These opportunities are always accepted. These talks are invariably well received.

### SECTION C.

#### Prevention and Control over Infections Diseases and Other Diseases.

Details of the infectious diseases notified will be found in Appendix C, Table 1.

The large number of cases of dysentery referred to were due to *sonne bacillus*. This is often known as summer diarrhoea and is common among children. It is difficult to eradicate and occurred sporadically over a number of months.

The considerable immunisation campaign carried out during the year is reported in Section B of this report. It shows that the preventative idea is paramount in the minds of this county and rural district.

The/



The B.C.G. programme in 1960 was carried out in February and March and vaccination against tuberculosis was offered to all children born in 1946 and all who had been missed in previous years. I am pleased to say that the practice of X-raying all positive reactors to the skin test has been re-introduced. It will be recalled that in my last report, I pointed out that it was from this group that the largest number of new cases occurred when the young people were in their late teens. They should be encouraged to attend for chest X-ray annually, or as often as the Mass X-Ray Unit visits the area.

## SECTION D.

### Environmental Health Services.

#### A. Sanitary Circumstances.

##### Climatic Conditions.

The total rainfall for 1960 was 40.63 inches. It was a very wet and disappointing year after the excellent weather of 1959. The autumn rains were persistent and heavy and the West Country was flooded on several occasions between September and Christmas. In Langport, 8.76 inches fell in October alone and on 26th October, 1.64 inches was recorded in twenty-four hours. All the villages suffered flooding to some degree, particularly in Curry Rivel, Charlton Mackrell, High Ham, Huish Episcopi, Long Sutton and Somerton. However, Langport was easily the most seriously affected part. There was fortunately no loss of life, but damage to property was serious. The flooding was the subject of a full monthly routine report by Mr. Binder so I need not remind the Council of all the details. It is sufficient to say that your Public Health Inspector acted in an energetic and praiseworthy manner, particularly in the week ending 24th October, and during the worst period was on duty continuously for forty-eight hours. Undoubtedly his action prevented more serious damage and alleviated a great deal of distress. The floods cost the Council a sum in excess of £400 and it seems wise that the suggestion made by Mr. Binder in his report for the formation of an organisation for flood prevention should be implemented.

##### Water Supply.

The water supply was generally satisfactory throughout the year. Four samples of treated water showed small counts of coliform bacilli, but following the washing out of the mains and re-sampling, the reports were satisfactory. Shortages were experienced in the western parishes and these are becoming increasingly frequent. Owing to the small mains, the pressure in some villages was low and breaks occurred frequently. It is imperative that a new scheme providing larger mains for the western parishes should be put in hand without delay. A scheme has been prepared in outline and correspondence and interviews have taken place between the Council and the Ministry of Housing and Local Government in an endeavour to obtain approval for the work prior to the formation of the Wessex Water Board.

Details of the supply and sampling will be found in Appendix B, Table 1.

##### Sewage Disposal.

Three parishes have main drainage with disposal systems. They are Somerton, Kingsbury Episcopi and Curry Rivel. Work on the Langport and Huish Episcopi scheme is still in progress and should be satisfactory when complete. However, the position in the other parishes was summarised in a routine report by Mr. Binder to the Council and it is as follows:

Very Bad: Aller, Barrington, Curry Rivel(Hambridge), Fivehead, Kingsdon, Pitney, Puckington, Kingsbury Episcopi (existing works East Lambrook).

Bad: /



Bad: Babcary, Barton St. David, Drayton, Isle Brewers, Long Sutton, Muchelney.

Poor: Charlton Mackrell, Compton Dundon, Curry Mallet, High Ham, Isle Abbots, Keinton Mandeville.

The remaining parishes of Beercrocombe and Kingweston are very small and as far as I am aware, do not require immediate attention.

It must be borne in mind that the parish of Curry Rivel is still prone to surcharging of the sewers. Reports in the past have indicated to the Council that four properties at least have suffered to a greater or lesser degree due to this and it will ultimately be necessary to deal with the problem either by laying storm water relief sewers or additional foul sewers.

#### Refuse Collection.

The refuse collection is carried out by direct labour. All parishes are covered, three weekly, eleven fortnightly and eleven monthly. The Public Health Committee have received many requests for more frequent collections in the outlying parishes and these requests have been given careful consideration. The whole problem goes back to a question of finance. Suggestions that if the parishes receiving weekly collections were given fortnightly ones, it would be possible to increase the number of collections in those dealt with once a month, are not valid. It is a question of the length of haul and the distance of villages from the tip. The Public Health Committee are all the time trying to see their way to improve this service.

#### Rodent Destruction.

One rodent operator is employed whole-time on this work. In addition to routine inspection of the Council's property, regular inspection and treatment to private dwellings were made free of charge. Business premises and agricultural premises were treated at cost. The Council have a contract scheme in operation for farm premises and thirty-nine contracts were in force at the end of the year.

#### Nuisances.

The Public Health Inspectors carried out numerous inspections in the district during the year. Statutory action was authorised where informal notices did not effect a satisfactory remedy.

#### Swimming Baths.

There are no public swimming baths in the area but baths at the Huish Episcopi Secondary Modern School and at the Kingsdon Manor Special School are used by the children. Both are hand chlorinated and are sampled by the County Council's staff.

#### B. Factories Act.

The Public Health Inspectors made a number of visits to factories, details of which will be found in Appendix D, Table 2.

#### C. Housing.

In Appendix C, Table 3, I have given details of the housing situation in the Rural District. The Council continued to encourage applications for Standard and Discretionary Grants to improve houses. Fifty-four Standard and nineteen Discretionary Grant applications were approved. There were 168 applicants for re-housing on the Council's list at the end of the year. The Council pressed forward with its programme of replacing unfit houses, either by individual action or by Slum Clearance procedure. One Public Inquiry was held at Curry Rivel which confirmed the Council's action in respect of four properties. The Council also continued to erect special dwellings for old people. Sixteen were completed during the year and four were in course of erection, all in Curry Rivel. A scheme is being prepared/

prepared for the erection of sixteen similar dwellings at Langport and a possible seven further dwellings at Somerton.

#### D. Inspection and Supervision of Food.

##### Milk.

There are thirteen registered distributors and five dairy premises in the area. Sampling is done by the County Council's officers who took three-hundred and fifty samples during the year, all of which proved to be satisfactory.

##### Ice Cream.

There are now seventy-one premises registered for the retail of pre-packed ice cream. Sampling of ice cream is the responsibility of this Council and we should endeavour to take a sample from each registered premises annually, at least.

##### Meat.

There are six licensed slaughterhouses in the area, all are privately owned. All were reported on to the Minister in April. One was brought up to a standard which complied with the new Regulations and at the end of the year negotiations were in progress with the owners of the other five, with a view to their reaching a satisfactory standard by the Appointed Day, 1st January 1962. Details of the very considerable amount of meat inspecting which was carried out in 1960 are to be found in Appendix D, Table 4. It represents 100% inspection of meat.

##### Licensed Premises.

I reported last year at length on my survey of licenced premises in the area and carried out a re-survey of all outstanding defects, and I am pleased to be able to report that all have been remedied, or the work has been put in hand.

##### Food Premises in General.

Seventy inspections and re-inspections of food premises were made during the year and the co-operation of owners was sought on all occasions. There are seventy-nine premises registered under Section 16 of the Food and Drugs Act 1955, seventy-one are registered for the sale of ice-cream and the remainder sell manufactured meat products.



APPENDIX A TABLE 1

Registrar General's estimate of Population mid 1960	12,950
Area ... ..	57,122 acres
Number of inhabited houses at the end of 1960 according to the Rate Book ... ..	4,296
Rateable Value ... ..	£108,163
Sum represented by a penny rate ... ..	£428

APPENDIX A TABLE 2

BIRTH RATE	17.76	Comparability Factor	1.09
		M	F
Live Births	Total	112	99
	Legitimate	108	94
	Illegitimate	4	5
Still Births	Total	2	3
	Legitimate	2	3
	Illegitimate	-	-
Deaths of Infants under one year	Total	3	1
	Legitimate	3	1
	Illegitimate	-	-
Deaths of Infants under four weeks	Total	3	1
	Legitimate	3	1
	Illegitimate	-	-
Deaths of Infants under one week	Total	3	1
	Legitimate	3	1
	Illegitimate	-	-

APPENDIX A TABLE 3

DEATH RATE	10.54	Comparability Factor	0.85	
		M	F	Total
Heart:	Coronary Disease	18	11	29
	Other heart disease	10	8	18
Circulation:	Vascular lesions of nervous system	7	22	29
	Other circulatory disease	4	4	8
Cancer of:	Stomach	2	4	6
	Lung	8	2	10
	Breast	-	2	2
	Uterus	-	1	1
	Other sites	7	7	14
Lungs:	Tuberculosis	2	-	2
	Influenza	1	1	2
	Pneumonia	2	5	7
	Bronchitis	3	1	4
	Other diseases of respiratory system	3	-	3
Diabetes		-	-	-
Nephritis		1	1	2
Hypoplasia of prostate		2	-	2
Syphilitic disease		-	-	-
Congenital malformations		1	1	2
Duodenal Ulcer		-	-	-
Other ill-defined diseases		7	4	11
Motor vehicle accidents		1	1	2
Accidents other than motor vehicle		-	3	3
Suicide		-	1	1
Gastritis		1	1	2
Leukaemia		1	-	1



APPENDIX B TABLE 1Curry Rivel Child Welfare ClinicStatistics for the twelve months ended  
31st December, 1960.

1. Number of openings	...	...	...	...	...	12
2. Number of medical consultations	...	...	...	...	...	95
3. Number of children who attended in 1960						
(a) Born in 1960	..	...	...	...	...	17
(b) Born in 1959	..	...	...	...	...	22
(c) Born in 1955 - 1958		...	...	...	...	33
(d) Attended for the first time		...	...	...	...	29
4. Total attendances by children during 1960						
(a) Under one year of age	...	...	...	...	...	140
(b) Over one but under two years of age	...	...	...	...	...	82
(c) Over two but under five years of age	..	...	...	...	...	95

APPENDIX B TABLE 2

<u>Name of School.</u>	<u>Number</u> <u>on Roll.</u>	<u>Number</u> <u>Inspected.</u>	<u>Date of</u> <u>Inspection.</u>	<u>Children</u> <u>having</u> <u>milk.</u>	<u>Children</u> <u>having</u> <u>dinner.</u>	<u>Diphtheria</u> <u>Immunisation</u>
Barrington	35	17	2.11.60.	100%	77.14%	6
Curry Mallet	19	13	9.11.60.	100%	84.21%	1
Drayton	13	11	4.11.60.	100%	84.63%	6
Fivehead	30	10	15.12.59.	60%	93.33%	1
Hambridge	39	24	16.11.60.	100%	82.05%	18
Huish Episcopi Secondary Modern	506	212	20/22/24. 6.60.	74.11%	69.17%	
Kingsbury Episcopi	85	43	7. 9.60.	78.83%	74.11%	15

APPENDIX B TABLE 3Poliomyelitis Vaccination.

<u>Children born</u> <u>1943 - 1960</u>	<u>Young persons</u> <u>born 1933-42.</u>	<u>Persons under 40</u> <u>years of age.</u>	<u>Persons over</u> <u>40 years and</u> <u>Priority</u> <u>Groups.</u>	<u>Number of</u> <u>persons (all</u> <u>groups) who</u> <u>received a</u> <u>third (re-</u> <u>inforcing)</u> <u>injection.</u>
200	89	230	14	1,089

APPENDIX C TABLE 1Infectious and Other Notifiable Diseases.

Puerperal Pyrexia	1
Pneumonia	24
Whooping Cough	18
Measles	42
Dysentery	82
Scarlet Fever	4
Pulmonary Tuberculosis	5
Non-Pulmonary Tuberculosis	2
Tuberculosis Meningitis	1

Analysis of Cases Notified

Under 1 yr. 1-2 2-3 3-4 4-5 5-10 10-15 15-20 20-35 35-45 45-65 65+ Age Unknown

Puerperal Pyrexia								1					
Pneumonia	1		1		1		1	3	3	9	3	2	
Whooping Cough			1	3	1	8	1	3	1				
Measles	2	2	4	3	5	17	8			1			
Dysentery	5	4	4	5	2	10	3	4	22	7	11	5	
Scarlet Fever	1					1	1	1					

TuberculosisAge GroupNew CasesDeathsRespiratoryNon-RespiratoryRespiratoryNon-Respiratory

M

F

M

F

M

F

M

F

- 1  
11 - 5  
5 - 15  
15 - 25  
25 - 35  
35 - 45  
45 - 55  
55 - 65  
65+

Age Unknown

5

-

2

1

-

-

-

-

APPENDIX D TABLE 1Water Supplies

Piped Supplies - results of samples taken for Analysis

<u>Raw Water</u>				<u>Treated after going into Supply</u>			
<u>Bacteriological</u> <u>Satis-</u> <u>factory.</u>	<u>Unsatis-</u> <u>factory.</u>	<u>Chemical</u> <u>Satis-</u> <u>factory.</u>	<u>Unsatis-</u> <u>factory.</u>	<u>Bacteriological</u> <u>Satis-</u> <u>factory.</u>	<u>Unsatis-</u> <u>factory.</u>	<u>Chemical</u> <u>Satis-</u> <u>factory.</u>	<u>Unsatis-</u> <u>factory.</u>
3	1	1	-	58	4	3	-

Water supplies from Public Mains.

	<u>Direct to the Houses</u>			<u>By Means of Standpipes</u>		
	<u>Public</u>	<u>Water</u> <u>Companies</u>	<u>Private</u>	<u>Public</u>	<u>Water</u> <u>Companies</u>	<u>Private</u>
Number of Dwellings:	4,048	-	-	-	-	-

APPENDIX D TABLE 2Factories Act, 1937-59.

Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors)

<u>Premises</u>	<u>No. on</u> <u>Register.</u>	<u>Inspections.</u>
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	2	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	57	16
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	2	-
	61	16

Particulars.

Number of cases in which defects were found	...	...	...	1
Number of cases in which defects found were remedied...	...	...	...	1

Outworkers.

Number of outworkers in August list required by Section 110 - 160



APPENDIX D TABLE 3HousingAction taken during year:

1. Number of houses included in Clearance Areas for which Orders are still to be made	...	...	...	...	Nil
2. Number of houses in Clearance areas which have been patched for temporary accommodation under Section 48 of the Housing Act, 1957	....	...	...	...	Nil
3. Number of houses closed or demolished under Section 42 of the Housing Act 1957 (Clearance Areas)	...	...	...	...	4
4. Number of houses demolished or closed					
(a) under Section 17 of the Housing Act 1957 (individual unfits) ..	...	...	...	...	26
(b) for other purposes (road improvements, etc.) ..	...	...	...	...	Nil
5. Number of temporary dwellings (huts, etc.) demolished ..	...	...	...	...	Nil
6. Number of houses declared unfit under Section 9 of the Housing Act, 1957 (capable of repair)	...	...	...	...	Nil
7. Number of houses made fit during the year ..	...	...	...	...	59
8. Number of unfit houses occupied under licence	...	...	...	...	Nil
Number of Undertakings accepted under Section 16	...	...	...	...	19
9. <u>Rent Act, 1957 (1st Schedule).</u>					

Certificates of Disrepair:

(a) Number of applications received	...	...	...	...	1
(b) Number of Certificates issued	...	...	...	...	Nil

<u>Houses erected during year.</u>		<u>Houses in course of erection.</u>		<u>Gained from</u>	<u>Lost from</u>
<u>For Slum</u>	<u>For Other</u>	<u>For Slum</u>	<u>For other</u>	<u>conversion of</u>	<u>conversion</u>
<u>Clearance.</u>	<u>Purposes.</u>	<u>Clearance.</u>	<u>purposes.</u>	<u>large houses</u>	<u>of two or</u>
				<u>into flats or</u>	<u>more houses</u>
				<u>or buildings</u>	<u>to one.</u>
				<u>dwelling.</u>	

Local Authority	11	17	8	4	-	-
Private Enterprise	-	33	-	19	-	1

No. of Post-War Houses erected from 1st April, 1945 to 31st December, 1960.

Housing Programme for 1961.

<u>By Local Authority.</u>	<u>By Private Enterprise.</u>	<u>For Slum Clearance.</u>	<u>For Other Purposes.</u>
497	249	36 houses and 36 old peoples dwellings	

(a) Number of temporary housing units occupied -	(i) Prefabs	Nil
	(ii) Huts, etc.	4
(b) Number of houses found overcrowded		Nil

Houses Required.

(i) To replace houses scheduled for demolition	193
(ii) To abate overcrowding	Nil
(iii) For other purposes	Nil
(iv) (a) Total number of applications for Council Houses at the end of year	168
(b) If applications classified give number of urgent bona fide cases	Nil
others	Nil
(v) Total number of Council Houses sold during year	2

	Number of permanent dwellings in district as at 31.12.59.	Gained from conversions and erected during 1960 (L.A. & P.E.)	Total	Less houses demolished, closed, etc. during year.	Number of permanent dwellings in District as at 31.12.60. L.A.      P.E.
Local Authority	870	28	898	-	898
Private Enterprise	3,517	33	3,550	31	3,519

#### OLD PEOPLE'S DWELLINGS

<u>Number erected to 31.12.60.</u>		<u>Number in course of erection</u>		<u>Number of Applicants for Old People's Dwellings.</u>
<u>With County Council Aid</u>	<u>Without County Council Aid.</u>	<u>With County Council Aid</u>	<u>Without County Council Aid.</u>	
16	Nil	4	Nil	19

#### IMPROVEMENT GRANTS

##### A. Discretionary.

(1) Received		(2) Approved	
<u>Applications</u>	<u>Number of Dwellings.</u>	<u>Applications</u>	<u>Number of Dwellings</u>
21	22	19	20

#### NOTE

Number of applications approved in respect of owner/occupiers during year ... ..	11
Average cost per dwelling approved during year ... ..	£830.17s.0d.
Amount of grant payable by Local Authority ... ..	£6,382. 0s.0d.

##### B. Standard.

1. Number of Applications (a) Received ... ..	57
(b) Approved ... ..	54
2. Number of houses where Standard Amenities have been provided ... ..	27



APPENDIX D TABLE 4Meat Inspection.

	<u>Cattle Excluding Cows</u>	<u>Cows</u>	<u>Calves</u>	<u>Sheep and Lambs</u>	<u>Pigs</u>	<u>Horses</u>
Number killed (if known)	687	1,232	327	6,062	11,530	-
Number inspected	687	1,232	327	6,062	11,530	-
<u>All diseases except Tuberculosis and Cysticerci</u>						
Whole carcasses condemned	9	128	25	48	170	-
Carcasses of which some part or organ was condemned	68	683	3	499	709	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	11.2%	65.8%	8.5%	9.0%	7.6%	-
<u>Tuberculosis only</u>						
Whole carcasses condemned	1	13	4	-	-	-
Carcase of which some part or organ was condemned	3	258	23	-	268	-
Percentage of the number inspected affected with tuberculosis	0.58%	21.9%	8.2%	-	2.3%	-
<u>Cysticercosis</u>						
Carcasses of which some part or organ was condemned	10	11	-	-	-	-
Carcasses submitted to treatment by refrigeration	10	10	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-
Weight of meat condemned (in lbs.) for:-						
(a) Tuberculosis	322	13,100	751	-	3,095	-
(b) Cysticercosis	339	663	144	-	-	-
(c) Other	3,011	81,865	1,167	3,899	18,318	-
Total (in lbs.) condemned	3,672	95,628	2,062	3,899	21,413	-





